U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3550

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT GILLMAN	Name INT'L BROTHERHOOD OF TEAMSTERS LOCAL 11 TCWH
	Labor Organization File Number 062-025
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 810 BELMONT AVE	Street 810 BELMONT AVE
City NORTH HALEDON	City NORTH HALEDON
State New Jersey ZIP Code + 4 07508-2339	State New Jersey ZIP Code + 4 07508-2339
5. Position in labor organization. BUSINESS AGENT	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	
6. Name and address of Employer (including trade riame, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
,	7.b. Amount.
Street	
City	\$0
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned selection bedge and pelef, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the

Date

Telephone Number

Name of Person Filing ROBERT GILLMAN	File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name TEAMSTERS LOCAL 11 PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  b. Trust	
Street 810 BELMONT AVE	c. Ernployer	
City NORTH HALEDON		
State New Jersey ZIF Code + 4 07508-2339		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. RELATED PENSION FUND FOR UNION MEMBERS.	
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.  ATTENDANCE AT HOLIDAY FUNCTIONS (\$162) AND EXPENSES ASSOCIATED WITH ATTENDANCE AT IFEBP CONFERENCE IN HAWAII IN NOV 2005 (\$4,171)	
	12.b. Amount. \$4,333	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	